

Chapter 538
School-Based Health Services

Appendix 538F

Occupational Therapy Billing Form

Service Record – Occupational Therapy

Medicaid Number		Last Name		First Name	
WVEIS #		Diagnosis Code		Date of Birth	
County	1 Beginning Date	1 Ending Date	1 Procedure Code	1 Units	
	2 Beginning Date	2 Ending Date	2 Procedure Code	2 Units	
Provider Name					
	3 Beginning Date	3 Ending Date	3 Procedure Code	3 Units	
	4 Beginning Date	4 Ending Date	4 Procedure Code	4 Units	
	5 Beginning Date	5 Ending Date	5 Procedure Code	5 Units	

Occupational Therapy: *Physician's authorization on file. Must be identified on Service Plan.*

Code	Procedure	Service Unit
97003	Occupational Therapy Evaluation	1 per year
97004	Occupational Therapy Re-evaluation	2 per calendar year
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	10 per calendar month
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility each 15 minutes	10 per calendar month
97112	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and/or standing activities, each 15 minutes	10 per calendar month
97116	Gait training (includes stair climbing) each 15 minutes	10 per calendar month
97150	Therapeutic procedure(s), group (2 or more individuals)	Per event
97140	Manual therapy techniques (mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions each 15 minutes	10 per calendar month
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance) each 15 minutes	10 per calendar month
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider each 15 minutes	10 per calendar month
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes	10 per calendar month

Use 97150 for procedure(s) provided to a group (2 or more individuals)

Signature

Date